

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-30, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 126, 2005		Applica Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>Preapplication</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>	
Legal Name: Buckingham Park Water District	Organizational Unit: Lake County Special District
Address (give city, county, state, and zip code): 2880 Eastlake Drive Kelseyville, CA 95451	Name and telephone number of the person to be contacted on matters involving this application (give area code) Robert B. King 707 279-9145 Home 707 279-8568 Office

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 — 2 5 1 8 8 8 3           </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">G</span>
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 7 6 0           </div>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Buckingham Park Water District Improvement Program to Increase Water Plant Production and Storage Capacity as Required by DHS Compliance Order 02-03-04CO-001.
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> County of Lake Rural Community Water District.	

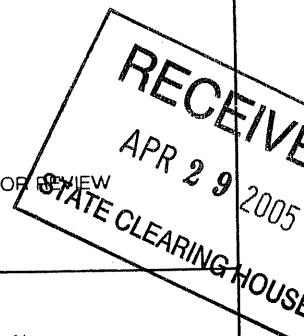
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 10/05	Ending Date 05/06	a. Applicant 1st Congressional District	b. Project 1st Congressional District

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 26, 2005 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 597,000 .00	
b. Applicant	\$ 168,000 .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ 180,000 .00	
f. Program Income	\$ .00	
g TOTAL \$ 945,000 .00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>		
a. Typed Name of Authorized Representative Robert B. King	b. Title Chairman of the Board	c. Telephone number 707 279-9145
d. Signature of Authorized Representative 		e. Date Signed 04/26/2005



# APPLICATION FOR FEDERAL ASSISTANCE

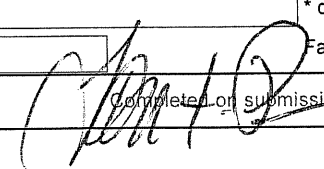
Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Sherwood Valley Band of Pomo Indians			Organizational Unit: Department: Housing (Northern Circle Indian Housing Authority)		
Organizational DUNS: 178044939			Division:		
<b>Address:</b> Street: 190 Sherwood Hill Drive			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Willits			Prefix: Ms		First Name: Darlene
County: Mendocino			Middle Name		
State: CA			Last Name Tooley		
Zip Code 95490			Suffix:		
Country: USA			Email: ncihatrb@pacific.net		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2447327			Phone Number (give area code) 707/468-1336		Fax Number (give area code) 707/468-5615
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) K. Indian Tribe Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-760			<b>9. NAME OF FEDERAL AGENCY:</b> USDA - Rural Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Sherwood Valley Rancheria, Mendocino County, CA			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Water and Waste Water Facilities to serve Low Income Housing project.		
<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2005 Ending Date: June 30, 2007			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant First b. Project First		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	800,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 29, 2005		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	800,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Mr.		First Name Michael		Middle Name	
Last Name Fitzgerral				Suffix	
b. Title Chairman				c. Telephone Number (give area code) 707/459-9690	
d. Signature of Authorized Representative				e. Date Signed	

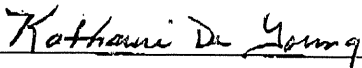
# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 04/26/2005	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preapplication <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
* Legal Name: The East Los Angeles Community Union (TELACU)		Department: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
* Organizational DUNS: 010720597		Division: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>Address:</b> * Street1: 5400 E. Olympic Blvd., Suite 300 Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * City: Los Angeles County Los Angeles * State: CA * Zip Code: 90022 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * First Name: Tom Middle Name: Florencio * Last Name: Provencio Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * Email: tprovencio@telacu.com * Phone Number (give area code) 323.721.1655 Fax Number (give area code) 323.721.3560	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-2554256		<b>7. * TYPE OF APPLICANT:</b> Institution (Other than Institution of Higher Education) Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>9. * NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 14.157 TITLE: Supportive Housing for the Elderly		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Supportive Housing for the Elderly	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Pomona, County of L.A., CA			
<b>13. * PROPOSED PROJECT:</b> * Start Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * Ending Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant 34 * b. Project 38	
<b>15. * ESTIMATED FUNDING:</b> * a. Federal \$ 9,300,000.00 * b. Applicant \$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * c. State \$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * d. Local \$ 149,275.00 * e. Other \$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * f. Program Income \$ <div style="border: 1px solid black; height: 20px; width: 100%;"></div> g. TOTAL \$ 9,449,275.00		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 04/26/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * First Name: Tom Middle Name: Florencio * Last Name: Provencio Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * b. Title: Authorized Agent * c. Telephone Number (give area code): 323.721.1655 * Email: tprovencio@telacu.com Fax Number (give area code): 323.721.3560			
d. Signature of Authorized Representative: 		e. Date Signed: 4/26/05	

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/28/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 05SR053130	4. DATE RECEIVED: 04/28/05	GRANT NUMBER: 04SRPCA011														
5. APPLICATION INFORMATION																
LEGAL NAME: County of Sacramento Department of Human Assistance DUNS NUMBER: 143696339	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Lauren Anderson TELEPHONE NUMBER: (916) 875-3664 FAX NUMBER: (916) 875-3799 INTERNET E-MAIL ADDRESS: andersonl@sacounty.net															
ADDRESS (give street address, city, state and zip code): 2433 Marconi Avenue Sacramento CA 95821 - 4807																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000529	7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Local Education Agency Area Agency on Aging Health Department Local Government, Municipal															
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); text-align: center;"> <b>RECEIVED</b>  APR 29 2005  STATE CLEARING HOUSE </div>															
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Sacramento															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Sacramento, Yolo and Placer Counties																
13. PROPOSED PROJECT: START DATE: 07/01/04 END DATE: 06/30/07	14. PERFORMANCE PERIOD: START DATE: END DATE:															
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 28-APR-05															
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 102,449.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 53,392.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 53,392.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 155,841.00</td> </tr> </table>	a. FEDERAL	\$ 102,449.00	b. APPLICANT	\$ 53,392.00	c. STATE	\$ 0.00	d. LOCAL	\$ 53,392.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 155,841.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 102,449.00															
b. APPLICANT	\$ 53,392.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 53,392.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 155,841.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Katharine De Young	b. TITLE: Program Manager	c. TELEPHONE NUMBER: 916.875.3582														
		d. DATE: 04/28/05														

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04-26-05		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Lompoc - Lompoc Airport			Organizational Unit: Department: Public Works		
Organizational DUNS: 070200019			Division: Aviation/Transportation		
Address: Street: 100 Civic Center Plaza			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard		
City: Lompoc			Middle Name		
County: Santa Barbara			Last Name: Fernbaugh		
State: CA		Zip Code: 93436		Suffix:	
Country: USA		Email: r.fernbaugh@ci.lompoc.ca.us			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-6000734			Phone Number (give area code) 805-875-8268		Fax Number (give area code) 805-875-8368
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): FAA-AIP			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lompoc - Santa Barbara - California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Master Plan Update		
13. PROPOSED PROJECT Start Date: 07-01-05 Ending Date: 06-30-06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	142,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$	7,125	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	375	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	150,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Gary		Middle Name:	
Last Name: Keefe				Suffix:	
b. Title: City Administrator				c. Telephone Number (give area code): 805-875-8203	
d. Signature of Authorized Representative				e. Date Signed: 29 APR 05	

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Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)  
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COP7

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 9, 2004	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: March Joint Powers Authority		Organizational Unit: Department: March Joint Powers Authority		
Organizational DUNS: 799839428		Division:		
Address: Street: P.O. Box 7480		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Moreno Valley		Prefix: Ms.		
County: Riverside		First Name: Lori		
State: CA		Middle Name M.		
Zip Code 92552		Last Name Stone		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0579359		Email: stone@marchjpa.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 11-307		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Moreno Valley, Perris, Riverside and County of Riverside, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asbestos removal/disposal followed by building demolition to enable economic development of former military base.		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: Congressman Ken Calvert, 44 a. Applicant March Joint Powers Authority b. Project Arnold Heights		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 950,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 9, 2004		
b. Applicant \$ 105,555.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ .00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ .00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ .00				
g. TOTAL \$ 1,055,555.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Philip		Middle Name A.
Last Name Rizzo		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (909) 656-7000		
d. Signature of Authorized Representative <i>Philip A. Rizzo</i>		e. Date Signed June 8, 2004		

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Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/22/2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-97-B' Amendment #4	
5. APPLICANT INFORMATION					
Legal Name: State of California		RECEIVED APR 27 2005		Organizational Unit: Department: Department of Fish and Game	
Organizational DUNS:				Division: Fisheries Programs Branch	
Address: Street: 1812 Ninth Street		STATE CLEARING HOUSE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Carolyn	
City: Sacramento				Middle Name	
County: Sacramento				Last Name: Murata	
State: CA		Zip Code: 95814		Suffix:	
Country: USA				Email: cmurata@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567				Phone Number (give area code) (916) 445-3559	
				Fax Number (give area code) (916) 445-4044	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input checked="" type="checkbox"/>				7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605				9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
TITLE (Name of Program): Sport Fish Restoration Act				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #4 to Motorboat Access Enhancement Project for Lake Nacimiento South Shore Public Access. Requesting an extension due to septic and legal problems causing delays. No changes to Total Grant Cost.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Luis Obispo				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 22	
13. PROPOSED PROJECT Start Date: 10/01/2001 Ending Date: 12/31/2005				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-27-05 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 1,765,362.00 b. Applicant \$ c. State \$ 588,454.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 2,353,816.00				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix First Name: Renee Middle Name Last Name: Renwick				c. Telephone Number (give area code) (916) 653-4633	
b. Title: Deputy Director, Administration				e. Date Signed: 4/25/05	
d. Signature of Authorized Representative: [Signature]					



Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04/22/2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>F-108-B Amendment #3</b>	
5. APPLICANT INFORMATION Legal Name: State of California		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  APR 27 2005 </div>		
Organizational DUNS:				
Address: Street: 1812 Ninth Street		Organizational Unit: Department: Department of Fish and Game		
City: Sacramento		Division: Fisheries Programs Branch		
County: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CA		Prefix: First Name: Carolyn		
Zip Code 95814		Middle Name		
Country: USA		Last Name Murata		
		Suffix:		
		Email: cmurata@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3559		
		Fax Number (give area code) (916) 445-4044		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input checked="" type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
TITLE (Name of Program): Sport Fish Restoration Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #3 to Motorboat Access Enhancement Project for the City of Isleton Public Access. Request for extension due to problems with the elevator lift for disabled person access to the boat dock. No changes to Total Grant Cost.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 3		
13. PROPOSED PROJECT Start Date: 03/15/2002 Ending Date: 12/31/2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-27-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 494,534.00 b. Applicant \$ c. State \$ 164,845.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 659,379.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix First Name Renee Middle Name Last Name Renwick Suffix b. Title Deputy Director, Administration c. Telephone Number (give area code) (916) 653-4633 d. Signature of Authorized Representative <i>Renee Renwick</i> e. Date Signed 4/25/05				

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 04/22/2005	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>F-117-B NOW</b>	
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Department of Fish and Game		
Organizational DUNS:		Division: Fisheries Programs Branch		
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: First Name: Carolyn		
County: Sacramento		Middle Name		
State: CA Zip Code 95814		Last Name Murata		
Country: USA		Suffix:		
		Email: cmurata@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3559 Fax Number (give area code) (916) 445-4044		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sutter County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for Tisdale Bypass Weir Boat Launch Facility. Request funds for construction of a two-lane boat launching ramp, 35 vehicle/trailer parking area and slope protection.		
13. PROPOSED PROJECT Start Date: 04/29/2005 Ending Date: 06/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 3		
15. ESTIMATED FUNDING: a. Federal \$ 828,000.00 b. Applicant \$ c. State \$ 276,000.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,104,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-27-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix First Name Renee Middle Name				
Last Name Renwick Suffix				
b. Title Deputy Director, Administration		c. Telephone Number (give area code) (916) 653-4633		
d. Signature of Authorized Representative <i>Renee Idard</i>		e. Date Signed 4/25/05		

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Greg Frantz (916) 341-5553	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66,454 Title: Water Quality Management Planning		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project:  Oversee and manage water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2010		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$498,575 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other "In-Kind" \$279,891 f. Program Income \$0 g. TOTAL \$778,466		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: April 27, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantrú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE****1. Type of Submission:**

Application                      Preapplication  
     \_\_\_ Construction                  Construction  
   \_X\_ Nonconstruction              \_\_\_ Nonconstruction

**2. Date Submitted**

Applicant Identifier

**3. Date Rec'd by State**

State Application Identifier

**4. Date Rec'd by Federal**

Federal Identifier

**5. Applicant Information:****Legal Name and Address:**

(give city, county, state, and zip code)

State Water Resources Control Board  
 1001 I Street, Sacramento County  
 Sacramento, California 95814

**Organizational Unit:**

Division of Water Rights

Name and telephone of person to be contacted on matters

involving this application (give area code)

Russ Kanz

(916) 341-5341

**RECEIVED**

APR 27 2005

**STATE CLEARING HOUSE****6. Employer Identification Number (EIN):** 68-0281986**6. D U N S Number:** 808321913**8. Type of Application:**

\_X\_ New                  Revision                  \_\_\_ Continuation

If Revision, enter appropriate letter(s): \_\_\_\_\_

A. Increase Award                  B. Decrease Award

C. Increase Duration                  D. Decrease Duration

Other (specify) \_\_\_\_\_

**7. Type of Applicant: (enter appropriate letter)**

A. State

H. Independent School District

B. County

I. State Institute of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (specify)

**9. Name of Federal Agency:**

U. S. Environmental Protection Agency

**10. Catalog of Federal Domestic Assistance Number**

66.463

**Title:**

Water Quality Cooperative Agreements

**11. Descriptive Title of Applicant's Project:**

The study is designed to characterize impairment and identify sources of nutrient pollution from algal bloom activity in the Klamath River Hydroelectric Project Reservoirs, specifically those above Copco and Iron Gate dams in California.

**12. Area Affected by Project:**

(cities, counties, states, etc.)

Klamath River, Siskiyou County, California

**13. Proposed Project:****Start Date**

10/1/2005

**End Date**

9/30/2006

**14. Congressional District of:**

Applicant:

Project:

3

California - All

**15. ESTIMATED FUNDING:**

a. Federal	\$120,000
b. Applicant	\$0
c. State	\$0
d. Local	\$0
e. Other	\$0
f. Program Income	\$0
<b>g. TOTAL</b>	<b>\$120,000</b>

**16. Is the application subject to review by the State Executive Order (EO) 12372 process?**

a. YES:    \_X\_ This application/preapplication was made available to the State EO 12372 process for review on:

Date: April 27, 2005

b. NO:       Program is not covered by EO # 12372

Program has not been selected by the state for review.

**17. Is the applicant delinquent on any Federal debt?**

\_\_\_ YES, attach explanation

\_X\_ NO

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Typed Name of Authorized Representative**

Celeste Cantú

**b. Title:**

Executive Director

**c. Telephone Number**

(916) 341-5615

**d. Signature of Authorized Representative****e. Date Signed:**

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

## 5. APPLICANT INFORMATION

Legal Name: Corona, City of

Organizational DUNS: 088513155

Address (give city, county, state, and zip code):

849 West Sixth Street

Corona, CA 92882

Organizational Unit: Corona Police Department

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Name: Sharon McBride

e-mail: sharon.mcbride@ci.corona.ca.us

Phone: 951-279-3577 Fax: 951-279-3579

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956000697

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒

- |  |  |
|--|--|
| A. State   | H. Independent School Dist.                        |
| B. County  | I. State Controlled Institution of Higher Learning |
| <input checked="" type="checkbox"/> C. Municipal | J. Private University                              |
| D. Township                                      | K. Indian Tribe                                    |
| E. Interstate                                    | L. Individual                                      |
| F. Intermunicipal                                | M. Profit Organization                             |
| G. Special District                              | N. Other (Specify) _____                           |

## 9. NAME OF FEDERAL AGENCY:

Department of Justice  
Office of Community Oriented Policing Services

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 6 . 7 1 0

TITLE: 2005 Technology Initiative

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of Corona

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Thermal Imaging System

## 13. PROPOSED PROJECT:

Start Date	Ending Date
12/08/2004	12/07/2005

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 44 b. Project 44

## 15. ESTIMATED FUNDING:

a. Federal	\$	246661.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 4/26/2005

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative  
Beth Grovesb. Title  
City Managerc. Telephone number  
951-736-2375

d. Date Signed

4-20-2005

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 05-217
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913 8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State and Tribal Underground Storage Tanks Program		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752	
12. Area Affected by Project: (cities, counties, states, etc.) California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2006		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$230,600 b. Applicant \$0 c. State \$76,867 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$307,467		11. Descriptive Title of Applicant's Project: Development and implementation of regulatory programs for the prevention, detection, and correction of leaking UST's containing petroleum and hazardous substances.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: 3 Project: California - All	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Precapapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 05-216
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913 8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752	
12. Area Affected by Project: (cities, counties, states, etc.) California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2008		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$3,112,661 b. Applicant \$0 c. State \$379,186 d. Local \$0 e. Other "In-Kind" \$300,000 f. Program Income \$0 g. TOTAL \$3,791,847		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: 3 Project: California - All	
a. Typed Name of Authorized Representative Celeste Cantú		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: April 26, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
b. Title: Executive Director		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ X NO	
c. Telephone Number (916) 341-5615		d. Signature of Authorized Representative	
e. Date Signed:			

38073

Version 7/03

# **APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: The Regents of the University of California		Organizational Unit: Department: Developmental and Cell Biology		
Organizational DUNS: 04-670-5849		Division: School of Biological Sciences		
Address: University of California, Irvine, R&GS-Research Administration		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 300 University Tower		Prefix: Dr.	First Name: Bruce	
City: Irvine		Middle Name:		
County: Orange County		Last Name: Blumberg		
State: CA		Suffix:		
Country: U.S.A.		Email: blumberg@uci.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  95-2226406		Phone Number (give area code) (949) 824-8573		Fax Number (give area code) (949) 824-4709
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 1  Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-509 TITLE (Name of Program): 2005-STAR-H1		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency ORD NCER		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): North America		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: High throughput assays to identify endocrine disrupting compounds		
13. PROPOSED PROJECT Start Date: 12/01/2005    Ending Date: 11/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48    b. Project 48		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$598,605		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/25/2005		
b. Applicant \$		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL \$598,605		a. Authorized Representative		
Prefix		First Name Lcsley		
Last Name Dowd		Middle Name E.		
b. Title Grants Officer		Suffix		
d. Signature of Authorized Representative		c. Telephone Number (give area code) (949) 824-8109		
		e. Date Signed		



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Applicant Identifier  State Application Identifier  Federal Identifier	
---	--	---	--	--	--

<b>5. APPLICANT INFORMATION</b>					
Legal Name: Tooleville Mutual Nonprofit Water Association, Inc.			<b>Organizational Unit:</b> Department:		
Organizational DUNS: 180631371			Division:		
Address: Street: P.O. Box 579; 2187 Alfred Ave			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Exeter			Prefix: Ms		First Name: Sylvia
County: Tulare			Middle Name R.		
State: CA			Last Name Soria		
Zip Code 93221			Suffix:		
Country: United States of America			Email: sylvias@selfhelpenterprises.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">77-0388164</div>			Phone Number (give area code) 559-651-1000 ext 688		Fax Number (give area code) 559-651-3634
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) N. Other (specify) Private Not-for-Profit Mutual Water Company		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-763</div> TITLE (Name of Program): Emergency Community Water Assistance Grant			<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Agriculture, Rural Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Community of Tooleville, Tulare County, California			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tooleville Clean Water Project		
<b>13. PROPOSED PROJECT</b> Start Date: 6/2005      Ending Date: 6/2006			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21      b. Project 21		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: 4/18/05		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	500,000.00			

RECEIVED

APR 25 2005

STATE CLEARING HOUSE

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Herminio	Middle Name
Last Name Cruz		Suffix Mr.
b. Title Board President		c. Telephone Number (give area code) 559-592-4895
d. Signature of Authorized Representative 		e. Date Signed April 18, 2005

Application for Federal  
Education Assistance (ED 424)



U.S. Department of Education  
Form Approved OMB No. 1890-0017 Exp. 02/28/2005

**Applicant Information** Organizational Unit

1. Name and Address  
Legal Name: Coachella Valley Unified School District  
Address: 87-225 Church Street

Thermal  
City

CA  
State

Riverside  
County

92274 -  
ZIP Code + 4

2. Applicant's D-U-N-S Number 07191515121612161

3. Applicant's T-I-N 33-071615121181

4. Catalog of Federal Domestic Assistance #: 84.

Title: Early Childhood Educator Professional Development

5. Project Director: Jim Greene/Carie Macy

Address: 87-225 Church Street

Thermal CA 92274  
City State Zip code + 4  
Tel. #: (760) 399 - 5137 Fax #: (760) 399 - 1389

E-Mail Address: jgreene@coachella.k12.ca.us

**Application Information**

10. Type of Submission:  
-PreApplication -Application  
Construction Construction  
Non-Construction X Non-Construction

11. Is application subject to review by Executive Order 12372 process?  
X Yes (Date made available to the Executive Order 12372 process for review): 4/22/2005

   No (If "No," check appropriate box below.)  
   Program is not covered by E.O. 12372.  
   Program has not been selected by State for review.

12. Proposed Project Dates: 08/01/2005 07/31/2008  
Start Date: End Date:

**Estimated Funding**

15a. Federal \$ 2,634,311 .00  
b. Applicant \$ 2,639,399 .00  
c. State \$            .00  
d. Local \$            .00  
e. Other \$            .00  
f. Program Income \$            .00  
g. TOTAL \$ 5,273,710 .00

**Authorized Representative Information**

16. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Mr. Foch Tut Pensis

b. Title: Superintendent

c. Tel. #: (760) 399 - 5137 Fax #: (760) 399 - 1052

d. E-Mail Address mmarrujo@coachella.k12.ca.us

e. Signature of Authorized Representative

Foch Tut Pensis

Date: 4/12/05

6. Novice Applicant    Yes X No

7. Is the applicant delinquent on any Federal debt?    Yes X No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) F

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):           

9. State Application Identifier           

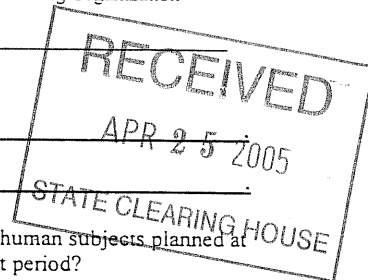
13. Are any research activities involving human subjects planned at any time during the proposed project period?  
   Yes (Go to 13a.) X No (Go to item 14.)

13a. Are all the research activities proposed designated to be exempt from the regulations?

   Yes (Provide Exemption(s) #):           

   No (Provide Assurance #):           

14. Descriptive Title of Applicant's Project: Proj. EXCEL prof. dev. partnership brings together 5 partners to dramatically improve the cognitive, language, early literacy, numeracy & social skills of over 1,600 low-income children, 3-5 yrs. in CVUSD.



# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

April 2005

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☒ Construction

☐ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

City of Redding, California

Organizational DUNS: 07-378-0413

Address:

Street: 777 Cypress Avenue

City: Redding

County: Shasta

State: CA

Zip Code: 96001-2718

Country: USA

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 0 1

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es):  
(See back of form for description of letters)

Other (specify)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: Airport Improvement Program  
(AIP)

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

## 13. PROPOSED PROJECT

Start Date

05/01/05

Ending Date

04/30/06

## 15. ESTIMATED FUNDING

a. Federal	\$	2,585,715	.00
b. Applicant	\$	136,090	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	2,721,805	.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.

First Name Michael

Middle Name

Last Name Warren

Suffix

b. Title City Manager

c. Telephone number (give area code)

(530) 225-4060

d. Signature of Authorized Representative

e. Date Signed

4/21/05

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>April 2005</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION															
Legal Name: <b>City of Redding, California</b>			Organizational Unit: <b>Benton Airpark</b>												
Organizational DUNS: <b>07-378-0413</b>			Department: <b>Support Services</b>												
Address: Street: <b>777 Cypress Avenue</b>			Division: <b>Airports</b>												
City: <b>Redding</b>			Name and telephone number of person to be contacted on matters involving this application (give area code)												
County: <b>Shasta</b>			Prefix: <b>Mr.</b> First Name: <b>Rod</b>												
State: <b>CA</b> Zip Code: <b>96001-2718</b>			Middle Name: <b>A.</b>												
Country: <b>USA</b>			Last Name: <b>Dinger</b>												
			Suffix:												
			Email: <b>rdinger@ci.redding.ca.us</b>												
6. EMPLOYER IDENTIFICATION NUMBER EIN:			Phone number (give area code):												
<table border="1"> <tr> <td>9</td><td>4</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>4</td><td>0</td><td>1</td> </tr> </table>			9	4	-	6	0	0	0	4	0	1	<b>(530) 224-4321</b>		
9	4	-	6	0	0	0	4	0	1						
			FAX number (give area code):												
			<b>(530) 224-4318</b>												
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)												
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			<input type="checkbox"/> C Other (specify)												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER			9. NAME OF FEDERAL AGENCY												
<table border="1"> <tr> <td>2</td><td>0</td><td>-</td><td>1</td><td>0</td><td>6</td> </tr> </table>			2	0	-	1	0	6	<b>Federal Aviation Administration</b>						
2	0	-	1	0	6										
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:												
			1. Runway Safety Area Improvements – Phase II Design 2. Runway Safety Area Drainage Improvements – Phase II 3. Security Fencing – Phase IV 4. Environmental Assessment (NEPA) – RSA Improvements												
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF												
Start Date <b>05/01/05</b>			a. Applicant <b>#02</b>												
Ending Date <b>04/30/06</b>			b. Project <b>#02</b>												
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS												
a. Federal \$ <b>299,625</b> .00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON												
b. Applicant \$ <b>788</b> .00			DATE: <b>04/11/05</b>												
c. State \$ <b>14,981</b> .00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372												
d. Local \$ <b>0</b> .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW												
e. Other \$ <b>0</b> .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?												
f. Program Income \$ <b>0</b> .00			<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No												
g. TOTAL \$ <b>315,395</b> .00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Authorized Representative															
Prefix <b>Mr.</b>		First Name <b>Michael</b>		Middle Name											
Last Name <b>Warren</b>				Suffix											
b. Title <b>City Manager</b>				c. Telephone number (give area code) <b>(530) 225-4060</b>											
d. Signature of Authorized Representative				e. Date Signed <b>4/21/05</b>											

## PART I - FACE SHEET

### APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

04/22/05

2b. APPLICATION ID:

05SC053438

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED:

04/22/05

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

#### 5. APPLICATION INFORMATION

LEGAL NAME: The CSU, Chico Research Foundation

DUNS NUMBER: 612177162

ADDRESS (give street address, city, state and zip code):

Office of Sponsored Programs  
Building 25, Room 103  
Chico CA 95929 - 0870

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give  
area codes):

NAME: Carol A. Childers

TELEPHONE NUMBER: 530-898-4307

FAX NUMBER: 530-898-4870

INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

680386518

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. 4-year college

8. TYPE OF APPLICATION:

☒ NEW

☐ CONTINUATION

☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

**RECEIVED**  
APR 22 2005  
STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016

10b. TITLE: Senior Companion Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Butte, Glenn, Colusa, Tehama and Plumas Counties

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Chico SCP

13. PROPOSED PROJECT: START DATE: 07/01/05      END DATE: 06/30/08

14. PERFORMANCE PERIOD: START DATE:      END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL      \$ 78,036.00

b. APPLICANT      \$ 53,380.00

c. STATE      \$ 29,826.00

d. LOCAL      \$ 8,688.00

e. OTHER      \$ 6,136.00

f. PROGRAM INCOME      \$ 8,730.00

g. TOTAL      \$ 131,416.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?

☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE: 22-APR-05

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation.      ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Carol Sager

b. TITLE:

c. TELEPHONE NUMBER:

(530) 898-5700

d. DATE:

04/22/05

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/22/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 05SF053404	4. DATE RECEIVED: 04/22/05	GRANT NUMBER:														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: The CSU, Chico Research Foundation DUNS NUMBER: 612177162 ADDRESS (give street address, city, state and zip code): Office of Sponsored Programs Building 25, Room 103 Chico CA 95929 - 0870		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol A. Childers TELEPHONE NUMBER: (530) 898-4307 FAX NUMBER: (530) 898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 680386518	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. 4-year college															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">APR 22 2005</p> <p style="font-size: 1.1em; margin: 0;">STATE CLEARING HOUSE</p> </div>														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Butte and Colusa Counties																
13. PROPOSED PROJECT: START DATE: 07/01/05      END DATE: 06/30/08		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>														
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. FEDERAL</td> <td style="width: 40%; text-align: right;">\$ 284,511.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 54,847.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 50,259.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 4,588.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 339,358.00</td> </tr> </table>		a. FEDERAL	\$ 284,511.00	b. APPLICANT	\$ 54,847.00	c. STATE	\$ 0.00	d. LOCAL	\$ 50,259.00	e. OTHER	\$ 4,588.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 339,358.00	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Csu Chico FGP
a. FEDERAL	\$ 284,511.00															
b. APPLICANT	\$ 54,847.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 50,259.00															
e. OTHER	\$ 4,588.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 339,358.00															
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 22-APR-05		14. PERFORMANCE PERIOD: START DATE:      END DATE:														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Carol Sager	b. TITLE:	c. TELEPHONE NUMBER: (530) 898-5700														
		d. DATE: 04/22/05														

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 13, 2005	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Nevada County		Organizational Unit: Department: Community Development Agency	
Organizational DUNS: 010979029		Division: Housing Division	
Address: Street: 950 Maidu Avenue, Nevada City, CA 95959		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David	
City: Nevada City		Middle Name	
County: Nevada County		Last Name Nelson	
State: California	Zip Code 95959	Suffix:	
Country: The United States of America		Email: dave.nelson@co.nevada.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000526 (94-6000526)		Phone Number (give area code) (530) 265-1423	Fax Number (give area code) (530) 265-9845

**8. TYPE OF APPLICATION:**  
☒ New ☐ Continuation ☐ Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
B  
Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
USDA Rural Development, HPG Prgm.

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
10-433

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Low and very-low income single family home ownership housing rehabilitation grants in the unincorporated areas of Nevada County, CA.

**12. AREAS AFFECTED BY PROJECT** (Cities, Counties, States, etc.):  
Nevada County, CA

**13. PROPOSED PROJECT**  
Start Date: 7-1-05 Ending Date: 6-30-06

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 4th Congressional Dist. b. Project 4th Cong. Dist.

**15. ESTIMATED FUNDING:**

a. Federal	\$	100,000	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$	120,000	
f. Program Income	\$		
g. TOTAL	\$	220,000	

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: 4-21-05  
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes" attach an explanation. ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative Prefix: Mr. First Name: Ted Middle Name:	
Last Name: Owens Suffix:	
b. Title: Chair, Board of Supervisors c. Telephone Number (give area code): (530) 265-1480	
d. Signature of Authorized Representative: To be signed at 5-10-05 Board of Sup. Mtg. e. Date Signed:	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 25, 2005	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Childrens Hospital Los Angeles		Organizational Unit:																													
Address (give city, county, State, and zip code): 4650 Sunset Boulevard, MS# 97 Los Angeles, CA 90027		Name and telephone number of person to be contacted on matters involving this application (give area code) Kelvin Kelley (323) 669-2103																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 5 — 1 6 9 0 9 7 7           </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -15px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Non-Profit</u> </div> </div>																													
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development - California																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 7 6 6           </div> TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Childrens Hospital Los Angeles eHealth Program																													
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Woodlake, Lindsay, Cutler-Orosi, Tulare County, California																															
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>																													
Start Date 7/1/05	Ending Date 6/30/07	a. Applicant <div style="text-align: center; font-size: 1.2em;">31</div>	b. Project <div style="text-align: center; font-size: 1.2em;">21</div>																												
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 20%; text-align: right;">220,000</td> <td style="width: 20%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td></td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td></td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">300,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">520,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	220,000	.00	b. Applicant			.00	c. State			.00	d. Local			.00	e. Other	\$	300,000	.00	f. Program Income	\$		.00	g. TOTAL	\$	520,000	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	220,000	.00																												
b. Applicant			.00																												
c. State			.00																												
d. Local			.00																												
e. Other	\$	300,000	.00																												
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g. TOTAL	\$	520,000	.00																												
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																															
a. Type Name of Authorized Representative Sylvester 'Sac' Carreathers		b. Title Administrative Director	c. Telephone Number (323) 669-4110																												
d. Signature of Authorized Representative 		e. Date Signed 3/11/2005																													



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 4/19/05		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: Community Action Agency of San Mateo County, Inc.			<b>Organizational Unit:</b> Department:																							
Organizational DUNS: 09-343-6137			Division:																							
<b>Address:</b> Street: 930 Brittan Avenue			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: William																							
City: San Carlos			Middle Name Francis																							
County: San Mateo			Last Name Parker																							
State: CA		Zip Code 94070		Suffix:																						
Country: U.S.A.			Email: grace@caasm.org																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2475728			Phone Number (give area code) 650-595-1342		Fax Number (give area code) 650-595-5376																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Organization Other (specify)																							
Other (specify)			<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-443			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Renovation project for low-income homeowners in the rural Coastside areas of San Mateo County.																							
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Coastside, San Mateo County			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 12, 14 b. Project 12, 14																							
<b>13. PROPOSED PROJECT</b> Start Date: 10/0/05 Ending Date: 9/30/06			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/19/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																							
<b>15. ESTIMATED FUNDING:</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>100,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>200,000.00</td> </tr> </table>			a. Federal	\$	100,000.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	200,000.00	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0;">APR 22 2005</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>		
a. Federal	\$	100,000.00																								
b. Applicant	\$	0.00																								
c. State	\$	0.00																								
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g. TOTAL	\$	200,000.00																								
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<b>a. Authorized Representative</b>																										
Prefix Mr.		First Name William		Middle Name Francis																						
Last Name Parker		Suffix																								
<b>b. Title</b> Executive Director		<b>c. Telephone Number (give area code)</b> 650-595-1342																								
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b> 4/19/05																								

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 4/19/05	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>																	
Legal Name: Community Action Agency of San Mateo County, Inc.		<b>Organizational Unit:</b> Department:															
Organizational DUNS: 09-343-6137		Division:															
<b>Address:</b> Street: 930 Brittan Avenue		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: William															
City: San Carlos		Middle Name Francis															
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State: CA	Zip Code 94070	Suffix:															
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2475728		Phone Number (give area code) 650-595-1342	Fax Number (give area code) 650-595-5376														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Organization Other (specify)															
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development															
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<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Coastside, San Mateo County		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 12, 14    b. Project 12, 14															
<b>13. PROPOSED PROJECT</b> Start Date: 10/0/05    Ending Date: 9/30/06		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/19/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 100,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ .00</td> </tr> <tr> <td>c. State</td> <td>\$ .00</td> </tr> <tr> <td>d. Local</td> <td>\$ .00</td> </tr> <tr> <td>e. Other</td> <td>\$ 100,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 200,000.00</td> </tr> </table>		a. Federal	\$ 100,000.00	b. Applicant	\$ .00	c. State	\$ .00	d. Local	\$ .00	e. Other	\$ 100,000.00	f. Program Income	\$ .00	g. TOTAL	\$ 200,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 100,000.00																
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<b>a. Authorized Representative</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix Mr.</td> <td>First Name William</td> <td>Middle Name Francis</td> </tr> <tr> <td colspan="2">Last Name Parker</td> <td>Suffix</td> </tr> <tr> <td colspan="2">b. Title Executive Director</td> <td>c. Telephone Number (give area code) 650-595-1342</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative</td> <td>e. Date Signed 4/19/05</td> </tr> </table>				Prefix Mr.	First Name William	Middle Name Francis	Last Name Parker		Suffix	b. Title Executive Director		c. Telephone Number (give area code) 650-595-1342	d. Signature of Authorized Representative		e. Date Signed 4/19/05		
Prefix Mr.	First Name William	Middle Name Francis															
Last Name Parker		Suffix															
b. Title Executive Director		c. Telephone Number (give area code) 650-595-1342															
d. Signature of Authorized Representative		e. Date Signed 4/19/05															

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: The Regents of the University of California		Organizational Unit: Department: Institute of Marine Sciences			
Organizational DUNS: 12-508-4723		Division:			
Address: Street: University of California, Santa Cruz 1156 High Street		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Santa Cruz		Prefix:		First Name: David	
County: Santa Cruz		Middle Name			
State: CA		Last Name Casper			
Zip Code 95064		Suffix:			
Country: United States		Email: dcasper@ucsc.edu			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1539563		Phone Number (give area code) (831) 459-3135		Fax Number (give area code) (831) 459-3383	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) I- State Controlled Institution of Higher Learning Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-439		9. NAME OF FEDERAL AGENCY: NOAA			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz and San Mateo Counties, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enhancement of Stranding Response at University of California Santa Cruz Long Marine Lab			
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 37,581.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		DATE: 4/22/05	
b. Applicant	\$ 12,527.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation.		<input checked="" type="checkbox"/> No	
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL	\$ 50,108.00	a. Authorized Representative Prefix Ms. Last Name Plasman		First Name Cindy Middle Name L. Suffix	
b. Title Senior Research Administrator		c. Telephone Number (give area code) (831) 459-2520			
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed 4/22/05			

# APPLICATION FOR FEDERAL ASSISTANCE

## 2. DATE SUBMITTED

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

## 5. APPLICANT INFORMATION

\* Legal Name: Regents of the University of California

\* Organizational DUNS: 827797426

## Address:

\* Street1: Sponsored Projects Administration

Street2: 200 University Office Building

\* City: Riverside

County

Riverside

\* State: CA

\* Zip Code: 92521

\* Country

USA

## 6. \* EMPLOYER IDENTIFICATION NUMBER (EIN):

95-8006142

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other (specify):

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

66.463

TITLE: Water Quality Cooperative Agreements

## 12. \* AREAS AFFECTED BY PROJECT

(Cities, Counties, States, etc.):

Several States

## 13. \* PROPOSED PROJECT:

\* Start Date

10/01/2005

\* Ending Date

09/30/2006

## 15. \* ESTIMATED FUNDING:

\* a. Federal

\$

123,808.00

\* b. Applicant

\$

0.00

\* c. State

\$

0.00

\* d. Local

\$

0.00

\* e. Other

\$

0.00

\* f. Program Income

\$

0.00

g. TOTAL

\$

123,808.00

18. \* TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix:

\* First Name: Ruben

Middle Name

B

\* Last Name:

Gomez

Suffix:

\* b. Title: Principal Contract And Grant Analyst

\* c. Telephone Number (give area code):

(951) 827-4809

\* Email: ruben.gomez@ucr.edu

Fax Number (give area code):

(951) 827-4483

d. Signature of Authorized Representative:

Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 04/21/2005	Applicant Identifier _____
		<b>3. DATE RECEIVED BY STATE</b> 04/21/2005	State Application Identifier _____

**RECEIVED**  
 APR 22 2005  
 STATE CLEARING HOUSE

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>															
* Legal Name: Loyola Marymount University		Department: Civil Engineering															
* Organizational DUNS: 072946239		Division: Science and Engineering															
<b>Address:</b> * Street1: 1 LMU Drive Street2: _____ * City: Los Angeles County: Los Angeles * State: CA * Zip Code: 90045-2659 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. * First Name: Joseph Middle Name: C. * Last Name: Raichenberger Suffix: _____ * Email: jraichenberger@lmu.edu * Phone Number (give area code): 310-338-2830 Fax Number (give area code): 310-338-5896															
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-1643334		<b>7. * TYPE OF APPLICANT:</b> Private Institution of Higher Education															
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		<b>9. * NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 66.463 TITLE: Water Quality Cooperative Agreements		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Evaluation of Best Management Practices (BMPs) to Remove Metals and Other Section 303d Pollutants															
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Los Angeles		<b>13. * PROPOSED PROJECT:</b> * Start Date: 10/15/2005 * Ending Date: 12/31/2006															
<b>14. * ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>* a. Federal</td> <td>\$ 99,254.40</td> </tr> <tr> <td>* b. Applicant</td> <td>\$ 0.00</td> </tr> <tr> <td>* c. State</td> <td>\$ 0.00</td> </tr> <tr> <td>* d. Local</td> <td>\$ 0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$ 0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ _____</td> </tr> </table>		* a. Federal	\$ 99,254.40	* b. Applicant	\$ 0.00	* c. State	\$ 0.00	* d. Local	\$ 0.00	* e. Other	\$ 0.00	* f. Program Income	\$ 0.00	g. TOTAL	\$ _____	<b>15. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant: 36 * b. Project: 36	
* a. Federal	\$ 99,254.40																
* b. Applicant	\$ 0.00																
* c. State	\$ 0.00																
* d. Local	\$ 0.00																
* e. Other	\$ 0.00																
* f. Program Income	\$ 0.00																
g. TOTAL	\$ _____																
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 04/21/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																	
<b>a. Authorized Representative</b> Prefix: Dr. * First Name: Blute Middle Name: Anne * Last Name: Vileisis Suffix: _____ * b. Title: Associate AVP Academic Grants * c. Telephone Number (give area code): 310-338-6004 * Email: bvileisis@lmu.edu Fax Number (give area code): 310-338-5193																	
d. Signature of Authorized Representative: _____		e. Date Signed: Completed on submission to Grants.gov															

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> March 9, 2005		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name:		<b>Organizational Unit:</b>																						
City of Visalia		Department: Airports																						
Organizational DUNS: 169-200011		Division:																						
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>																						
Street: 707 West Acequia		Prefix: Mr.	First Name: Mario																					
City: Visalia		Middle Name																						
County: Tulare		Last Name Cifuentez																						
State: California	Zip Code 93291	Suffix: II																						
Country: USA		Email: mcifuentez@ci.visalia.ca.us																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">94-6000449</div>		Phone Number (give area code) (559) 738-3201	Fax Number (give area code) (559) 713-4827																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 2px;"></div> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-106</div>		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration																						
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): County of Tulare		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Visalia Municipal Airport, Visalia, Tulare County, California Construct South Side Taxiway - Phase 3 Replace Existing VASI with new 2-Box PAPI on Runway 30																						
<b>13. PROPOSED PROJECT</b> Start Date: 2005    Ending Date: 2005		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19    b. Project 21																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">1,000,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">2,630.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">50,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,052,630.00</td> </tr> </table>		a. Federal	\$	1,000,000.00	b. Applicant	\$	2,630.00	c. State	\$	50,000.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	1,052,630.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 11, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,000,000.00																						
b. Applicant	\$	2,630.00																						
c. State	\$	50,000.00																						
d. Local	\$	.00																						
e. Other	\$	.00																						
f. Program Income	\$	.00																						
g. TOTAL	\$	1,052,630.00																						
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
<b>a. Authorized Representative</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix Mr.</td> <td>First Name Mario</td> <td>Middle Name</td> </tr> <tr> <td colspan="2">Last Name Cifuentez</td> <td>Suffix II</td> </tr> <tr> <td colspan="2">b. Title Airport Manager</td> <td>c. Telephone Number (give area code) (559) 738-3201</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative</td> <td>e. Date Signed 3.16.05</td> </tr> </table>				Prefix Mr.	First Name Mario	Middle Name	Last Name Cifuentez		Suffix II	b. Title Airport Manager		c. Telephone Number (give area code) (559) 738-3201	d. Signature of Authorized Representative		e. Date Signed 3.16.05									
Prefix Mr.	First Name Mario	Middle Name																						
Last Name Cifuentez		Suffix II																						
b. Title Airport Manager		c. Telephone Number (give area code) (559) 738-3201																						
d. Signature of Authorized Representative		e. Date Signed 3.16.05																						

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Lauma Jurkevics (916) 341-5498	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>  A  </u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project:  Implement and coordinate activities and projects under the Clean Water Act, Section 319(h) for funding nonpoint source management projects.	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2010		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$10,701,400 b. Applicant \$0 c. State \$7,134,266 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$17,835,666		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: March 21, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

Previous Editions Not Usable

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Standard Form 424 (Rev 7-97)

Prescribed by OMB Circular A-102

**RECEIVED**

MAR 21 2005

STATE CLEARING HOUSE

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 21, 2005		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City Of San Diego			Organizational Unit: Department: Water Department		
Organizational DUNS: 172216389			Division: Business Operations		
Address: 600 B Street, MS 913			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: STATE CLEARING HOUSE			Prefix: Mrs.		First Name: Pamela
City: San Diego			Middle Name:		
County: San Diego			Last Name: Carreon		
State: CA		Zip Code: 92101		Suffix:	
Country: USA			Email: PCarreon@sandiego.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000776			Phone Number (give area code) (619) 533-7517		Fax Number (give area code) (619) 533-7589
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types)  C - Municipal  Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-463  TITLE (Name of Program): Water Quality Cooperative Agreement Allocation			9. NAME OF FEDERAL AGENCY: EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): San Diego, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Pressure Regulator Incentive Pilot Program		
13. PROPOSED PROJECT Start Date: 07/05 Ending Date: 06/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49 <sup>th</sup> , 50 <sup>th</sup> , 51 <sup>st</sup> and 53 <sup>rd</sup> b. Project Same		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$138,501		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant		\$ 43,214		DATE: 04/21/05	
c. State		\$		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local		\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other		\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL		\$181,715		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative					
Prefix Mr.		First Name Frank		Middle Name	
Last Name Belock				Suffix Jr.	
b. Title Department Director				c. Telephone Number (give area code) (619) 533-7555	
d. Signature of Authorized Representative				e. Date Signed 4-21-05	



Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 21, 2005		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City Of San Diego			Organizational Unit: Department: Water Department		
Organizational DUNS: 172216389			Division: Business Operations		
Address: 600 B Street, MS 913		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street:					
City: San Diego		Prefix: Mrs.		First Name: Pamela	
County: San Diego		Middle Name:			
State: CA		Last Name: Carreon			
Country: USA		Suffix:			
Zip Code: 92101		Email: PCarreon@sandiego.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000776		Phone Number (give area code) (619) 533-7517		Fax Number (give area code) (619) 533-7589	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types)  C - Municipal  Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-463  TITLE (Name of Program): Water Quality Cooperative Agreement Allocation			9. NAME OF FEDERAL AGENCY: EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): San Diego, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Recirculating Hot Water Systems Residential Survey and Feasibility Study		
13. PROPOSED PROJECT Start Date: 10/05 Ending Date: 10/06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49 <sup>th</sup> , 50 <sup>th</sup> , 51 <sup>st</sup> and 53 <sup>rd</sup> b. Project Same		
15. ESTIMATED FUNDING: \$30,100			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$30,100			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$			DATE: 04/21/05		
c. State \$			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$30,100			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative			Middle Name		
Prefix Mr.		First Name Frank	Suffix Jr.		
Last Name Belock		c. Telephone Number (give area code) (619) 533-7555			
b. Title Department Director		e. Date Signed 4-21-05			
d. Signature of Authorized Representative					

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0650-0003

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised Form

## APPLICATION PART I

For PTFP  
Use

## 1. APPLICANT

2. Employer  
ID # (EIN)

77-0387459

3. DUNS # 08-241-2920

Legal Name Foundation California State University Monterey Bay

Organizational  
Unit Office of Grants & ContractsMailing Address  
(line 1) 100 Campus Center, Building 97Address (line 2  
if required)

City Seaside State CA County Monterey Zip 93955-

Main  
Station  
Call  
LettersKAZU FM 90.3  
Radio MHz TV Channel

## 4. Administrative Contact

E-mail cindy\_lopez@csumb.edu

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. Cynthia E. Lopez Director, Office of Grants &amp; Contracts

Phone # (831) 582-389

Fax # (831) 582-3305

## 5. Engineering Contact

Full Name Mr. Don Mussell

Engineer  
Phone (831) 420-1571

Title Consulting Engineer

E-mail dmsml@well.com

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations Y  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both R (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column

NEW BROADCAST  
facility, repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

4A

12. Single  
Congressional  
District of  
Applicant

17

13. Other Cong. districts served by  
project (e.g. PA 1-3, NY 1, 5-9)

15,14

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 15,860  
b. Applicant Share \$ 15,860  
c. TOTAL \$ 31,720  
d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

YES This application was made available to the  
State EO 12372 process for review on  
02/25/2005NO Program is not covered by EO 12372  
or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?

NO

Enter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.

Phone # (831) 582-3089

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. Cynthia E. Lopez Director, Office of Grants &amp; Contracts

Signature of authorized  
representativeDate  
signed

2/25/05

Authorized for Local Reproduction

This form expires 10/31/2005 Previous Editions NOT usable

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4-20-05	Applicant Identifier R-9 Tracking # 05-185	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Municipal Water District of Orange County		Organizational Unit: Department:		
Organizational DUNS: #087380721		Division:		
Address: Street: 10500 Ellis Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fountain Valley		Prefix: Mr.	First Name: Karl	
County: Orange		Middle Name Wesley		
State: CA		Last Name Seckel		
Zip Code 92708		Suffix: P.E.		
Country: USA		Email: kseckel@mwdoc.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2650400		Phone Number (give area code) 714/593-5024		Fax Number (give area code) 714/964-9389
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-608		8. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
TITLE (Name of Program): Surveys, Studies, Investigations and Special Purpose Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Horizontal Directionally Drilled Well Intake System Research and Phase II Hydrogeology Investigation to determine the feasibility of constructing an ocean desalination plant in Dana Point, California, using a subsurface intake for source of ocean water.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, California				
13. PROPOSED PROJECT Start Date: May 18, 2005 Ending Date: June 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48 b. Project 44 & 48 but will help 40, 42, 46, 47		
15. ESTIMATED FUNDING: a. Federal \$ 144,300 b. Applicant \$ 118,064 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 262,364		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-20-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name Kevin Middle Name Patrick Last Name Munt Title General Manager Signature of Authorized Representative Kevin A. Hunt				
b. Telephone Number (give area code) 714/583-5025 c. Date Signed April 20, 2005				

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> [ ]		<b>Grant Identifier</b> [ ]	
<b>Preapplication</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> [ ]		<b>State Application Identifier</b> [ ]	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> [ ]		<b>Federal Identifier</b> [ ]	
<b>5. APPLICANT INFORMATION</b>					
<b>* Legal Name:</b> City of Cotati			<b>Department:</b> Public Works		
<b>* Organizational DUNS:</b> 020016119			<b>Division:</b> Engineering		
<b>Address:</b>			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
<b>* Street1:</b> 203 West Sierra Ave.			<b>Prefix:</b> Ms. <b>* First Name:</b> Toni		
<b>Street2:</b> [ ]			<b>Middle Name:</b> [ ]		
<b>* City:</b> Cotati <b>County:</b> Sonoma			<b>* Last Name:</b> Bertolero		
<b>* State:</b> CA <b>* Zip Code:</b> 94931 <b>* Country:</b> USA			<b>Suffix:</b> [ ] <b>* Email:</b> tonibertolero@w-and-k.com		
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-1564868			<b>* Phone Number (give area code)</b> (707) 523-1010 <b>Fax Number (give area code)</b> (707) 527-8679		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): [ ]			<b>7. * TYPE OF APPLICANT:</b> City or Township Government [ ] [ ]		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 66.463 <b>TITLE:</b> Water Quality Cooperative Agreements			<b>9. * NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency		
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Cotati, Entire Russian River Region			<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Construct Low Use Water Demonstration Garden(s) on one or more city-owned properties with plants that are suited to the local climate and therefore do not require significant amounts of irrigation.		
<b>13. * PROPOSED PROJECT:</b> <b>* Start Date</b> 07/01/2005 <b>* Ending Date</b> 06/30/2008			<b>14. * CONGRESSIONAL DISTRICTS OF:</b> <b>* a. Applicant</b> 6 <b>* b. Project</b> 6		
<b>15. * ESTIMATED FUNDING:</b> <b>* a. Federal</b> \$ 236,500.00 <b>* b. Applicant</b> \$ 0.00 <b>* c. State</b> \$ 0.00 <b>* d. Local</b> \$ 0.00 <b>* e. Other</b> \$ 0.00 <b>* f. Program Income</b> \$ 0.00 <b>g. TOTAL</b> \$ 236,500.00			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 04/20/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
<b>a. Authorized Representative</b> Prefix: Ms. <b>* First Name:</b> Toni <b>Middle Name:</b> [ ] <b>* Last Name:</b> Bertolero <b>Suffix:</b> [ ]					
<b>* b. Title:</b> City Engineer <b>* c. Telephone Number (give area code):</b> (707) 523-1010 <b>* Email:</b> tonibertolero@w-and-k.com <b>Fax Number (give area code):</b> (707) 527-4322					
<b>d. Signature of Authorized Representative:</b> Completed on submission to Grants.gov			<b>e. Date Signed:</b> Completed on submission to Grants.gov		

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 20, 2005	Applicant Identifier XP-97915502-0	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier XP-97915502-0	
5. APPLICANT INFORMATION				
Legal Name: Twentynine Palms Water District		Organizational Unit: Department: N/A		
Organizational DUNS: 01-878-6392		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 72401 Hatch Road		Prefix: Mr.	First Name: Mike	
City: Twentynine Palms		Middle Name: Odell		
County: San Bernardino		Last Name: Wright		
State: California		Suffix:		
Zip Code: 92277		Email: wright29water@linkline.com		
Country: United States		Phone Number (give area code) 760-367-7546		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005474		Fax Number (give area code) 760-367-6612		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input checked="" type="checkbox"/> A    <input type="checkbox"/> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  Other (specify) G		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
TITLE (Name of Program): WIF State and Tribal Assistance Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drinking Water Infrastructure		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): City of Twentynine Palms County of San Bernardino, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 41    b. Project CA 41		
13. PROPOSED PROJECT Start Date: 06/05    Ending Date: 06/08		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 20, 2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 1,799,355			
b. Applicant	\$ 2,300,645			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$ 4,100,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Mike	Middle Name Odell		
Last Name Wright		Suffix		
b. Title General Manager		c. Telephone Number (give area code) 760-367-7546		
d. Signature of Authorized Representative <i>Mike Wright</i>		e. Date Signed April 20, 2005		

5/0 app 1-27-05 1st app

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 4-14-05 <b>3. DATE RECEIVED BY STATE</b> <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier State Application Identifier Federal Identifier <b>CA</b>
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<b>5. APPLICANT INFORMATION</b> Legal Name: <u>Ms. Janelle M. DeShazer</u> Organizational DUNS: Address: Street: <u>14272 Hoover St. #18</u> City: <u>Westminster</u> County: <u>Orange</u> State: <u>CA</u> Zip Code: <u>92683</u> Country: <u>USA</u>		<b>Organizational Unit:</b> Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: <u>Janelle</u> Middle Name: <u>Jane</u> Last Name: <u>DeShazer</u> Suffix: Email: Phone Number (give area code): <u>714) 901-4894</u> Fax Number (give area code): <u>NO.</u>
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <u>54-7885695</u>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input checked="" type="checkbox"/> Individual Other (specify) <u>Retired + Handy capped!</u>
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> <u>Office of Community Planning &amp; Development</u>
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>14.181 16-108 17-277</u> TITLE (Name of Program): <u>Office of Community Planning &amp; Development</u>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>Real property Improvement = outside paint - new shower walls - house leveled - new floor Kitchen and personal - some siding repair -</u>
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<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): <u>Westminster, Orange, CA =</u>	<b>13. PROPOSED PROJECT</b> Start Date: <u>2-27-05</u> Ending Date: <u>?</u>
--	---

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <u>self</u> b. Project	<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr><td>a. Federal</td><td>\$</td><td></td></tr> <tr><td>b. Applicant</td><td>\$</td><td><u>5,000 -</u></td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td><u>5,000 -</u></td></tr> </table>	a. Federal	\$		b. Applicant	\$	<u>5,000 -</u>	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	<u>5,000 -</u>
a. Federal	\$																					
b. Applicant	\$	<u>5,000 -</u>																				
c. State	\$																					
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$																					
g. TOTAL	\$	<u>5,000 -</u>																				


  

<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b> Prefix:	First Name: <u>Janelle</u>	Middle Name: <u>M.</u>
Last Name: <u>DeShazer</u>	Suffix:	
b. Title: <u>self</u>	c. Telephone Number (give area code): <u>714) 901-4894</u>	
d. Signature of Authorized Representative: <u>Ms. Janelle M. DeShazer</u>	e. Date Signed: <u>4-14-05</u>	

RECEIVED  
 APR 20 2005  
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED July 30, 2004 Revised per letter dated 3/2/2005		Applicant Identifier	
1. TYPE OF SUBMISSION: <u>Application</u> Preapplication [ ] Construction [ ] Construction [X] Non-Construction [ ] Non Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Santa Barbara County Air Pollution Control District			Organizational Unit: Air Pollution Control District		
Address (give city, county, state, and zip code): 260 North San Antonio Road Santa Barbara, CA 93110			Name and telephone number of the person to be contacted on matters involving this application (give area code) Sandra Alexander (805) 961-8813 DUNS ID:799440722		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [7][7]-[0][3][8][4][1][6][7]			7. TYPE OF APPLICANT: (enter appropriate letter in box) [B] A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify):		
8. TYPE OF APPLICATION: [X] New [ ] Continuation [ ] Revision If Revision, enter appropriate letter(s) in box(es): [ ] [ ] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [6][6]-[0][0][4] TITLE: Air Pollution Control Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution Program		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): Santa Barbara County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10-1-04	Ending Date 09-30-05	a. Applicant Santa Barbara County		b. Project Santa Barbara County	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS DATE b. NO: [ ] OR PROGRAM HAS NOT BEEN SELECTED BY			
a. FEDERAL	\$ 482,884	California Cleaninghouse. 916-323-3018			
b. APPLICANT	\$ 7,408,815				
c. STATE	\$ 108,000				
d. LOCAL	\$ .00				
e. OTHER	\$ .00				
f. PROGRAM INCOME	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [ ] YES. IF "YES" ATTACH AN EXPLANATION. [X] NO.			
g. TOTAL	\$ 7,999,699				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Terry E Dressler		b. Title Air Pollution Control Officer		c. Telephone number (805) 961-8853	
d. Signature of Authorized Representative 		e. Date Signed MAR 15, 2005			

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 4/18/05		<b>Applicant Identifier</b> 04-348	
<b>Pre-application</b> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>				<b>Organizational Unit:</b>	
Legal Name: City of Long Beach				Department: Public Works	
Organizational DUNS: 07-529-5832				Division: Storm Water	
Address: Street: 333 W. Ocean Blvd.				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	
City: Long Beach				First Name: Thomas	
County: Los Angeles				Middle Name: Frederick	
State: California				Last Name: Leary	
Zip Code: 90802				Suffix: N/A	
Country: United States of America				Email: Tom_Leary@longbeach.gov	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000733				Phone Number (give area code) 562-570-6023	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>				Fax Number (give area code) 562-570-6012	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-606				<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C Other (specify)	
TITLE (Name of Program): Appropriations Act of 2004				<b>9. NAME OF FEDERAL AGENCY:</b> United States Environmental Protection Agency	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Long Beach				<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Storm Drain Catch Basin Inserts with Smart Sponges (see full description attached)	
<b>13. PROPOSED PROJECT</b> Start Date: 10/07/04 Ending Date: 12/31/05 (or one year from final installation)				<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 38th b. Project 38th	
<b>15. ESTIMATED FUNDING:</b>				<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal \$ 241,100				a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/20/05	
b. Applicant \$ 197,264				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State \$				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$				<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other \$				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$					
g. TOTAL \$ 438,364					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Ms.		First Name Christine		Middle Name Fidler	
Last Name Andersen				Suffix	
b. Title Director of Public Works		c. Telephone Number (give area code) 562-570-6522			
d. Signature of Authorized Representative <i>Christine Andersen</i>		e. Date Signed 4/18/05			



## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised FormFor PTFP  
Use

## APPLICATION PART I

## 1. APPLICANT

Legal Name San Bernardino Community College District  
Organizational Unit KVCRMailing Address (line 1) 701 South Mt. VernonAddress (line 2  
if required)City San Bernardino State CA County San Bernardino Zip 92410-2. Employer  
ID # (EIN) 95-60027543. DUNS # 07-359-4228Main  
Station  
Call  
LettersKVCR FM 91.9 KVCR DT 24  
Radio MHz TV Channel

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## 4. Administrative Contact

E-mail larry\_ciecalone@kvcr.pbs.orgMr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Mr. Larry Ciecalone General ManagerPhone # (909) 384-4326Fax # (909) 885-2116

## 5. Engineering Contact

Full Name Mr. Tom GuptillEngineer Phone (909) 384-4346Title Chief EngineerE-mail tom\_guptill@kvcr.pbs.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations N  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 21

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column NEW BROADCAST facility; repeater, translator. REPLACE or augment BROADCAST EQUIPMENT ☒ DIGITAL conversion of public radio or TV station NONBROADCAST activation or expansion

Population Currently Served by station			13,505,650	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

Broadcast Other

12. Single  
Congressional  
District of  
Applicant4213. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)

CA 24-48

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 140,006  
b. Applicant Share \$ 140,006  
c. TOTAL \$ 280,012  
d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
02/28/2005☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (909) 382-4090Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Mr. Raymond G Eberhard Ex. Director of Facilities & PlanningSignature of authorized  
representativeDate  
signed2/25/05

Authorized for Local Reproduction

brettb

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

Grant funds will be used to purchase and install new production equipment to continue the digital conversions plan making multi-channel digital broadcasting available. A new antenna and transmitter were installed in phase one. Phase two included the installation of the new digital master control. The production equipment being requested is part of the third phase in the five year master plan for total digital conversion.

19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	18	40	18	40
Part-Time Staff	12	16	12	16
Volunteers	150	4	150	4
Operating Budget	\$ 2,593,506		\$ 3,145,225	

21. Public Broadcasting Affiliations

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Enter "Y" if applicant is currently CPB qualified

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y		Y		
Next year	Y	Y		Y		

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. (Yes) No  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
Los Angeles, CA	KCET
City	Call Letters
Huntington Beach, CA	KOCE
City	Call Letters
Los Angeles, CA	KLCS

25. Areas affected by this Project (Cities, Counties, States, Etc.)

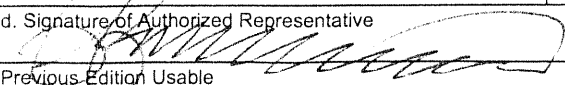
Southern California including, but not limited to San Bernardino County, Riverside County, portions of Orange County, Los Angeles County, and Ventura County.

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

SEE ATTACHED

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 14, 2005		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: City of Lindsay			Organizational Unit:		
Address (give city, county, State, and zip code): P.O. Box 369 Lindsay, CA 93247			Name and telephone number of person to be contacted on matters involving this application (give area code) Scot B. Townsend, 559-562-7103		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 — 6 0 0 0 3 5 7			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">C</div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 — 7 6 6 TITLE: Community Facilities Grant			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Community Facilities Grant First Response Vehicles		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lindsay, Tulare County, California			<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); text-align: center;"> <b>RECEIVED</b>          APR 18 2005          STATE CLEARING HOUSE       </div>		
<b>13. PROPOSED PROJECT</b> Start Date    Ending Date					
<b>14. CONGRESSIONAL DISTRICTS OF:</b> 21			<b>15. ESTIMATED FUNDING:</b>		
a. Federal		\$		33,000 <sup>00</sup>	
b. Applicant		\$		00 <sup>00</sup>	
c. State		\$		00 <sup>00</sup>	
d. Local		\$		27,000 <sup>00</sup>	
e. Other		\$		00 <sup>00</sup>	
f. Program Income		\$		00 <sup>00</sup>	
g. TOTAL		\$		60,000 <sup>00</sup>	
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/15/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
Scot B. Townsend		CityManager		(559) 562-7103	
d. Signature of Authorized Representative				e. Date Signed	
				4-15-05	

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 14, 2005		Applicant Identifier <b>49 U.S.C., CH. 53, Sections 5303 and 5313(b)</b>	
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier  <b>94-6001344-C</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>					
Legal Name: <b>California Department of Transportation</b>			Organizational Unit: <b>Division of Transportation Planning</b>		
Address (give city, county, State, and zip code): <b>P. O Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County</b>			Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 -- 6 0 0 1 3 4 7           </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>             A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District           </div> <div>             H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)           </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>              APR 18 2005           </div> </div>		
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			<b>9. NAME OF FEDERAL AGENCY:</b> <b>Department of Transportation Federal Transit Administration, Region IX</b>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             2 0 -- 5 1 4           </div> TITLE: <b>Transit Planning and Research</b>			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>FY 2005 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$9,537,983 (Estimate) FY 2005 49 U.S.C. Chapter 53, Section 5313(b) State Planning &amp; Research Program - \$1,852,405 (Estimate)</b>		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>State of California</b>					
<b>13. PROPOSED PROJECT:</b> <b>FY 2005 OWP Program</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>California Statewide</b>			
Start Date <b>July 1, 2005</b>	Ending Date <b>June 30, 2006</b>	a. Applicant <b>Statewide</b>		b. Project <b>Statewide Transit Planning</b>	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>April 14, 2005</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal \$ <b>11,390,388</b> .00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ <b>1,475,746</b> .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ <b>12,866,134</b> .00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative <b>SHARON SCHERZINGER</b>		b. Title <b>CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING</b>		c. Telephone Number <b>(916) 653-3362</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>April 14, 2005</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Application</i>  <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Non-Construction             </div> <div style="width: 45%;"> <i>Preapplication</i>  <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction             </div> </div>		<b>2. DATE SUBMITTED</b> <p style="text-align: center;">April 14, 2005</p> <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 		<b>Applicant Identifier</b> <p style="text-align: center;"><b>FY 2005 PL Overall Work Program</b></p> <b>State Applicant Identifier</b> <p style="text-align: center;"><b>94-6001344-C</b></p> <b>Federal Identifier</b> 	
--	--	---	--	--	--

<b>5. APPLICANT INFORMATION</b>																															
<b>Legal Name:</b> <p style="text-align: center;"><b>California Department of Transportation</b></p> <b>Address (give city, county, State, and zip code):</b> <p><b>P. O. Box 942874, MS - 32</b>  <b>Sacramento, CA 94274-0001</b>  <b>Sacramento County</b></p>		<b>Organizational Unit:</b> <p style="text-align: center;"><b>Division of Transportation Planning</b></p> <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> <p style="text-align: center;"><b>Sharon Scherzinger, Chief</b>  <b>Office of Regional and Interagency Planning</b>  <b>Transportation Planning. (916) 653-3362</b></p>																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>APR 18 2005</b>  <b>STATE CLEARING HOUSE</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>9 4 -- 6 0 0 1 3 4 7</b> </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">A</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District             </div> <div style="width: 45%;"> H. Independent School Dist. I. State controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____             </div> </div>																													
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New             <input checked="" type="checkbox"/> Continuation             <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> A. Increase Award    B. Decrease Award    C. Increase Duration  D. Decrease Duration    Other (specify): _____         </div>		<b>9. NAME OF FEDERAL AGENCY:</b> <p style="text-align: center;"><b>Department of Transportation</b>  <b>Federal Highway Administration, Region IX</b></p>																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> <b>2 0 -- 2 0 5</b> </div> <b>TITLE: MPO Highway Planning</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <p style="text-align: center;"><b>FY 2005/06 Federal Planning Funds</b>  <b>\$35,572,578.00 in FHWA PL Funds (Estimate)</b></p>																													
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <p style="text-align: center;"><b>State of California</b></p>																															
<b>13. PROPOSED PROJECT:</b> <p style="text-align: center;"><b>FY 2005 OWP Program</b></p>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <p style="text-align: center;"><b>California Statewide</b></p>																													
<b>Start Date</b> <p><b>July 1, 2005</b></p>	<b>Ending Date</b> <p><b>June 30, 2006</b></p>	<b>a. Applicant</b> <p style="text-align: center;"><b>Statewide</b></p>	<b>b. Project</b> <p style="text-align: center;"><b>Statewide Metropolitan Planning</b></p>																												
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%; text-align: right;">35,572,578</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">4,608,805</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">40,181,383</td> <td>.00</td> </tr> </table>		a. Federal	\$	35,572,578	.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$	4,608,805	.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	40,181,383	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b> <div style="margin-top: 10px;"> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> DATE                         <div style="border-bottom: 1px solid black; width: 150px; text-align: center;">April 14, 2005</div> </div> </div> <div style="margin-top: 10px;"> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW             </div>	
a. Federal	\$	35,572,578	.00																												
b. Applicant	\$		.00																												
c. State	\$		.00																												
d. Local	\$	4,608,805	.00																												
e. Other	\$		.00																												
f. Program Income	\$		.00																												
g. TOTAL	\$	40,181,383	.00																												
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes    If "Yes," attach an explanation.             <input checked="" type="checkbox"/> No         </div>																															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																															
<b>a. Type Name of Authorized Representative</b> <p style="text-align: center;"><b>SHARON SCHERZINGER</b></p>		<b>b. Title</b> <p style="text-align: center;"><b>CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING</b></p>																													
<b>d. Signature of Authorized Representative</b> 		<b>c. Telephone Number</b> <p style="text-align: center;"><b>(916) 653-3362</b></p>																													
		<b>e. Date Signed</b> <p style="text-align: center;"><b>April 14, 2005</b></p>																													

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 14, 2005	Applicant Identifier <b>FY 2005 SP&amp;R Partnership Planning</b>
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Applicant Identifier <b>94-6001344-C</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: <b>California Department of Transportation</b>	Organizational Unit: <b>Division of Transportation Planning</b>
Address (give city, county, State, and zip code): <b>P. O. Box 942874, MS - 32 Sacramento, CA 94274-0001 Sacramento County</b>	Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Sharon Scherzinger, Chief Office of Regional and Interagency Planning Transportation Planning. (916) 653-3362</b>

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>9 4 -- 6 0 0 1 3 4 7</b> </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>A</b> </div>
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State H. Independent School Dist. B. County I. State controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)

<b>9. NAME OF FEDERAL AGENCY:</b> <b>Department of Transportation Federal Highway Administration, Region IX</b>
--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2 0 -- 5 1 5</b> </div> TITLE: <b>State Planning and Research Program</b>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>FY 2005/06 Federal Planning &amp; Research Funds \$1,059,625.00 in FHWA SP&amp;R Funds (Estimate)</b>
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>State of California</b>	

<b>13. PROPOSED PROJECT:</b> <b>FY 2005 OWP Program</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>California Statewide</b>
--	---

Start Date <b>July 1, 2005</b>	Ending Date <b>June 30, 2006</b>	a. Applicant <b>Statewide</b>	b. Project <b>Statewide Planning &amp; Research Studies</b>
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<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b>	
a. Federal	\$	1,059,625	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	264,906	.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	1,324,531	.00

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>April 14, 2005</b>	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
---

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative <b>SHARON SCHERZINGER</b>	b. Title <b>CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING</b>	c. Telephone Number <b>(916) 653-3362</b>
d. Signature of Authorized Representative 		e. Date Signed <b>April 14, 2005</b>